Fax: (732) 524-2808 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Reg. No. 35519

Telephone:

**SIGNATURE** 

NAME

DATE

(732) 524-6351

March 31.

Lois A. Glanneschi

2000

# FEE TRANSMITTAL Application Number Filing Date First Named Inventor Clutterbuck et al Group Art Unit Examiner Name Attorney Docket Number VTN-499

## **FEE CALCULATION**

### **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$760.00
TOTAL CLAIMS	7 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	1-3=	0	× 78.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260.00	
			TOTAL FEES	\$ 760.00

# **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/VTN-499/LG in the amount of \$760.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN-499/LG. Three copies of this sheet are enclosed.

SUBMITTED E	Complete (if applicable)		
Typed or Printed Name	Lois A. Gianneschi		Reg. No. 35,519
Signature	ACrannose	Date: 3/31/00	Deposit Account No. 10-0750

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas G. Vanderlaan; David C. Turner; Joe M. Wood

For : BIOMEDICAL DEVICES WITH HYDROPHILIC COATINGS

# Express Mail Certificate

"Express Mail" mailing number: EL457889412US

Date of Deposit: March 31, 2000

I hereby certify that this complete divisional application, including specification pages, claims, Information Disclosure Statement, Preliminary Amendment and Previously filed Declaration and Power of Attorney, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

LOIS A. GIANNESCHI

(Typed / printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)